

ATTORNEY OR UNREPRESENTED PARTY (Name, state bar number, and address) : ATTORNEY FOR (Name) :	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE <input type="checkbox"/> 4050 Main St. (P.O. Box 431), Riverside, CA 92502-0431 <input type="checkbox"/> 46-200 Oasis St., Indio, CA 92201 <input type="checkbox"/> 265 North Broadway, Blythe, CA 92225	
TITLE OF CASE (ABBREVIATED)	
NOTICE OF ATTORNEY'S WITHDRAWAL (C.C.P. 285.1)	CASE NUMBER:

TO THE PARTIES ABOVE NAMED and THEIR ATTORNEY OF RECORD

PLEASE TAKE NOTICE that the undersigned hereby withdraws as the attorney of record for (party)

in the above action or proceeding for _____ ;

a final judgment having been entered on _____, in Judgment Book _____, Page _____.

Said party's last known address is _____

Notice is also given that no further papers, pleadings, or motions may be served on the undersigned on behalf of said party.

Dated: _____

(TYPED NAME & SIGNATURE OF ATTORNEY)

PROOF OF SERVICE BY MAIL

I, the undersigned, say: I am a resident of or employed in the County where the herein mailing occurs, over the age of eighteen years and not a party to the within action or proceeding; that my residence or business address is: _____, California.

That on the date below indicated, I served a copy of the _____

☐ Substitution of Attorney

☐ Notice of Attorney's Withdrawal by depositing said copy in a sealed

envelope with postage thereon fully prepaid in the mail at the City of _____, California, addressed as follows:

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Executed on _____, at _____, California.

(TYPED NAME)

(SIGNATURE)

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TITLE OF CASE (ABBREVIATED)	
SUBSTITUTION OF ATTORNEY	CASE NUMBER:

☐ Plaintiff
 ☐ Petitioner
 ☐ Cross-complainant
 ☐ Defendant
 ☐ Respondent
 ☐ Cross-defendant
☐ Lien Claimant
☐ Intervenor
☐ Other (Specify)

(Name)
hereby substitutes

(Name)

(Address)

(Telephone)

as attorney(s) of record in place and stead of

(Name)

Dated:

☐ see attachment for additional signatures

(SIGNATURE OF PARTY)

I consent to the above substitution.

Dated:

(TYPED NAME & SIGNATURE OF PRESENT ATTORNEY)

Above substitution accepted.

Dated:

(TYPED NAME & SIGNATURE OF NEW ATTORNEY)

☐ see reverse for Proof of Service